## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



2222222 4754 EP 1: COMPLETED BY COL	756 SPECIMEN ID NO. LECTOR OR EMPLOYER R	800.877.7484 EPRESENTATIVE	LAB ACC	CESSION NO.
A. Employer Name, Address, I.I.	D. No.	B. MRO Name,	Address, Phone and Fa	« No.
DEPT. OF	,	DR DAVE	LEHIS	NDA500020
C/O COT		FAX: Se	2-986-4201	
PO BOX 3247		P.O. BD		
LONG BEACH CA 90803	- 411		ACH CA 90803	
PH: 562-986-4200 F	FAX:	PH: 562-	986-4200 FAX	: 562-986-4201
. Donor SSN or Employee I.D.	No I I I	1 1 1 1 1	1 1 1 1	
	re-employment    Rando	om Reasonable Suspici	on/Cause Post	cident 📤
_		<u> </u>		ecident
Drug Tests to be Performed:		• •		
. Drug Tests to be Fellormed:	•	T ALC SCREEN BR/BR	Other (specify)	
	( ) 7643N NIDI	A 5 DRUG PANEL	•	
Collection Site Name:		Collection Site Code:		
City, State and Zip:		<del></del>	Nector Phon	
EP 2: COMPLETED BY COLL			Color or For No.	
d specimen temperature with	in 4 minutes. Is temperature	Specimen Collection		
ween 90° and 100° F? Yes	No, Enter Remark		lone Provided (Enter Re	mark) Observed (Enter Rem
MARKS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
P 3: Collector affixes bottle se	eal(s) to bottle(s). Collector d	ates seal(s). Donor las sea	(s). Donor completes S	TEP 5 on Copy 2 (MRO Copy)
P 4: CHAIN OF CUSTODY	- INITIATED BY COLLECTO	OR AND COMPLETED BY L	ABORATORY	
tify that the specimen given to me by the donor iden	ntified in the certification section on Copy 2 of this	form w. Mected, labeled, sealed, and weed to		
0' (0 "			BOTTLE(S) RELEA	
Signature of Collector	Time of Co	DHL / Airb	gnostics Courier	
(Print) Collector's Name (First, MI,	, Last)		e of Delivery Service Tran	Othersferring Specimen to Lab
CEIVED LAB: X		Primary Sp	ecimen SPECIME	N BOTTLE(S) RELEASED 1
LAD. A		Rottle Sea	Intact	
	Signature of Accessioner			
	/	Yes		
(Print) Accessioner's Name (First, M	Al, Last) Date (Mo./	Yes No, Enter Re		
(Print) Accessioner's Name (First, MP 5a: PRIMARY SPECIMEN	// Date (Mo./	Day/Yr. Yes No, Enter Re	ATORY	T ADJUTEDATES
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